FFIEC 001

Board of Governors of the Federal Reserve System
Federal Deposit Insurance Corporation
Office of Thrift Supervision
Office of the Comptroller of the Currency

Agency	OMB No.	Expires
FRB	7100-0031	11-30-99
OCC	1557-0127	11-30-99
FDIC	3064-0024	11-30-99
OTS	1550-0026	11-30-99

This report is authorized by law:

12 U.S.C. 1817 - Federal Deposit Insurance Corporation
12 U.S.C. 248(a) and 1844(c) - Federal Reserve System
12 U.S.C. 1464, 1725, 1730 - Office of Thrift Supervision
12 U.S.C. 161 and 1817 - Office of the Comptroller of the Currency

Annual Report of Trust Assets

FFIEC 001
Reporting Year 1996

FDIC Certificate # State Bank #

Name of Financial Institution

Mailing Address

City State Zip

Please check all of the statements which apply to your institution and follow the instructions applicable to each checked statement:

1. Fiduciary powers granted but not exercised:
(Sign and return this page. Do not complete Schedules A through E.) ☐ 1.
2. Fiduciary powers granted and exercised, but no dollar values to report.
(Sign and return this page. Do not complete Schedules A, B or D.) ☐ 2.
3. Fiduciary Powers granted and exercised:
(Sign and return this page and Schedules A through E, as appropriate)
   a. Personal and employee benefit trusts, estates, and employee benefit and other agencies
   (Complete and return Schedule A) ☐ 3.a.
   b. Collective Investment Fund(s):
   (Complete and return Schedule B) ☐ 3.b.
   c. Corporate Trusts:
   (Complete and return Schedule C) ☐ 3.c.
   d. Affiliated or subsidiary investment advisor(s) used by reporting institution:
   (Please send Schedule D to the investment advisor(s) for completion) ☐ 3.d.
   e. Fiduciary Income Statement (See instructions for who must file)
   (Complete and return Schedule E) ☐ 3.e.

Mailing Address for this page and Schedules A, B, C, and E:

If sent by U.S. Postal Service:
Federal Deposit Insurance Corporation
P. O, Box 3724
Crofton, MD 21114

See instructions if overnight delivery (Express Mail, Federal Express, etc.) is used.

Name(s of affiliated or subsidiary investment advisor(s) to which Schedule D was sent:

Signature of officer authorized to sign this report

Name of authorized officer (please print or type)

Title of authorized officer (please print or type)

Area Code/Telephone Number

Date signed

Public reporting burden for this information collection is estimated to vary from .25 to 6.50 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. Comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, may be sent to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, and to: Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551; or Legislative and Regulatory Analysis Division, Office of the Comptroller of the Currency, Washington, D.C. 20219; or Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, D.C. 20429; or Secretary, Office of Thrift Supervision, Washington, D.C. 20552.

Name of financial Institution

City | State

Name and title of person to whom inquiries may be directed

Area Code/Telephone Number

SCHEDULE A - Annual Report of Trust Assets

Reporting Year 1996

Assets	Dollar Amounts in Thousands	Market Value																		
		Column A			Column B			Column C			Column D			Column E			Column F			
		Employee Benefit Trusts			Personal Trusts			Estates			Employee Benefit Agencies			All Other Agencies			Totals			
		Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	
1.	Noninterest-Bearing Deposits - Own Institution																			1.
2.	Noninterest-Bearing Deposits - Other Institutions																			2.
3.	Interest-Bearing Deposits - Own Institution																			3.
4.	Interest-Bearing Deposits - Other Institutions																			4.
5.	U.S. Government and Agency Obligations																			5.
6.	State, County and Municipal Obligations																			6.
7.	Money Market Mutual Funds																			7.
8.	Other Short-Term Obligations																			8.
9.	Other Notes and Bonds																			9.
10.	Common and Preferred Stock																			10.
11.	Real Estate Mortgages																			11.
12.	Real Estate																			12.
13.	Miscellaneous Assets																			13.
14.	Total Discretionary Assets (sum of items 1 through 13)																			14.
15.	Total Number of Discretionary Accounts																			15.
16.	Total Non-Discretionary Assets																			16.
17.	Total Number of Non-Discretionary Accounts																			17.
18.	Total Assets (sum of items 14 and 16)																			18.
19.	Total Number of Accounts (sum of items 15 and 17)																			19.

Name of financial institution

City

State

Schedule B only

Page _____ of _____

Schedule B - Collective Investment Funds
Reporting Year 1996

Name of Fund[1]	Column A Classification Code	Column B Type of Fund Code	Column C Total Assets of Fund Bil	Mil	Thou	Column D Number of Participating Accounts in Fund	
1.							1.
2.							2.
3.							3.
4.							4.
5.							5.
6.							6.
7.							7.
8.							8.
9.							9.
10.							10.
11.							11.
12.							12.

Classification
(Enter only one code in Column A for each fund)

01 Personal Trust
02 Employee Benefit
03 Keogh (HR 10)
04 Charitable Trust
05 Other

Type of Fund
(Enter only one code in Column B for each fund)

01 Equity
02 Diversified or Balanced
03 Fixed Income
04 Municipal Bond
05 Real Estate Equity
06 Short Term Investment
07 Mortgage
08 Foreign Equity
09 Foreign Fixed Income
10 Index Equity
11 Index Fixed Income
12 Other

[1] Please type or print. Do not use more than one line per fund. For purposes of Schedule B, exclude your bank's name from the name of the collective investment fund.
[2] If more than 12 funds are being reported, please reproduce additional copies of the schedule and number pages accordingly in this box.

Name and title of person to whom inquiries may be directed

Area Code/Telephone Number

Name of financial institution

City State

Schedule C - Corporate Trusts
Reporting Year 1996

Type of Account	Dollar Amounts in Thousands	Column A Number of Issues	Column B Principal Amount of Outstanding Securities Bil	Mil	Thou	
1.	Corporate Securities Trusteeships					1.
2.	Tax Exempt and Other Municipal Securities Trusteeships					2.
3.	Stock or Bond Transfer Agent or Registrar					3.
4.	Mutual Fund Transfer Agent					4.
5.	Separate Dividend and Interest/Coupon Paying Agent					5.
6.	All Other Corporate Agencies					6.
7.	Totals					7.

Name of title of person to whom inquiries may be directed

Area Code/Telephone Number

Name of financial institution	City State
Name and title of person to whom inquiries may be directed	Area Code/Telephone Number

SCHEDULE E - FIDUCIARY INCOME STATEMENT

Reporting Year 1996 (Confidential Information)

Dollar Amounts in Thousands

1. GROSS FEES, COMMISSIONS AND OTHER FIDUCIARY INCOME
   - (a) Employee Benefit Trust Accounts
   - (b) Personal Trust & Estate Accounts
   - (c) Employee Benefit Agencies
   - (d) Other Agency Accounts
   - (e) Corporate Trust & Agency Accounts
   - (f) All Other Fiduciary Income
   - (g) Total Fiduciary Income (Sum of items 1(a) through 1(f))

2. EXPENSES
   - (a) Salaries and Employee Benefits
   - (b) Other Direct Expense
   - (c) Allocated Indirect Expense
   - (d) Total Expense (Sum of items 2(a) through 2(c))

3. SETTLEMENTS, SURCHARGES & OTHER LOSSES
   - (a) Gross Settlements, Surcharges & Other Losses *
   - (b) Recoveries to Reported Losses
   - (c) Net Settlements, Surcharges & Losses

* (If the amount in item 3(a) is $100 thousand or more, details of this item must be provided in item 7 below)

4. NET OPERATING INCOME (LOSS) (Item 1(g) minus items 2(d) and 3(c))

5. CREDIT FOR OWN-INSTITUTION DEPOSITS

6. NET TRUST INCOME (LOSS) (Item 4 plus item 5)

7. Settlements, Surcharges & Other Losses
(To be completed if the amount in item 3(a) above is $100 thousand or more - see instructions)

By Type of Account		Discretionary		Non-Discretionary
Employee Benefit Trust Accounts	(a)		(e)	
Personal Trust & Estate Accounts	(b)		(f)	
Employee Benefit Agencies	(c)		(g)	
Other Agency Accounts	(d)		(h)	
Corporate Trust & Agency Accounts	(i)			
All Other Activities	(j)			

(Total of amounts in items 7(a) through 7(j) must equal item 3(a) above)

MEMO ITEM FOR ENTRY BY NON-DEPOSIT TRUST COMPANIES ONLY - SEE INSTRUCTIONS

8. NON-FIDUCIARY INCOME